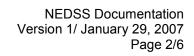


Investigation – RI Definitions & Rules for Entering Investigation Neisseria Meningitidis, invasive (Mening. Disease)

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI

Any questions that relate to ABC Investigation do not have to be answered

	ate to ABC Investigation do not he Description	RI Rules for Data Entry
Brief Description or Field Name	Description	RI Rules for Data Entry
Fleid Name		
	Investigation Su	mmary
	The region responsible for the	Required; RI has only 1 jurisdiction
Jurisdiction	investigation	
Program Area	The organizational ownership	Required. This is pre-populated based on
rogram Area	of the investigation. Program	
	areas(e.g. General	Communicable Diseases.
	Communicable Diseases,	
	Hepatitis, STD, HIV/AIDS,	
	Vaccine Preventable) are	
	defined by the conditions for	
	which they provide primary	
	prevention and control.	
State Case ID	Open field to be used by OCD, if	Leave blank.
	needed.	
Investigation Start Date	Date the investigation was	Required
	started.	-
Investigation Status	The status of the	Leave as OPEN until the investigation is
and the second s	investigation: Open or	completed (i.e. until all pertinent facts
		necessary to evaluate the risk and determine
		if treatment is necessary.) Then change to
		closed
Share record with Guests	This field indicates whether or	Defaults to checked. OK to leave checked.
	not the record should be shared	Not in use by RI at this time
	with all users who have guest	
	privileges for the Program	
	Area/Jurisdiction.	
Investigator	The name of the person who	Required.
		Quick code = first initial of first name +first 5
	investigation	letters of last name.
Date assigned to	The date that the Investigation	Required
Investigation	was assigned to the	i toquii ou
	investigator or the date the	
	investigator of the date the	
	investigation if self-assigned	





Brief Description or Field Name	Description	RI Rules for Data Entry	
	Other Patient Information		
Type of insurance		Leave Blank	
Weight		Leave Blank	
Height		Leave Blank	
	Reporting Source		
Date of Report	Date first reported by reporting source if reported by phone or date reported to health according to lab or morbidity report.	Required	
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Leave Blank	
County	Date first reported to County	Leave blank	
Earliest Date Reported to State	Date first reported to State	Not required	
Reporter	Search table for who Reported the case	Not required.	
	Clinical		
Physician	Search table for patient's physician.	Enter if known	
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Required	
Patient Chart Number	If this case involved a chart review enter the chart number	Enter if known	
Hospital	The hospital where the patient was hospitalized or where the diagnosis was made	Enter if known	
Admission Date	Date of admission	Enter if known	
Duration of Stay in days	How many days the patient was hospitalized for this condition	Enter if known	
Diagnosis Date	Date of diagnosis of condition being reported.	Not required	
Questions on Condition			



Brief Description or Field Name	Description	RI Rules for Data Entry
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Enter if known
Illness End Date	The time at which the disease or condition ends.	Not required
Type of infection caused by organism	Multi-selection possible. Select more than one if required	Required
	This is required for notification. Input Neisseria Meningitidis, invasive (Mening. Disease)	Required
Date first positive culture obtained:	,	Required
	Can select more than one site here	Required
Nonsterile sites from which organism isolated		Enter if known
Did the patient have any underlying conditions?		Not required.



Brief Description or Field Name	Description	RI Rules for Data Entry	
Did the patient die from this illness?	Outcome associated with illness.	Required	
What was the serogroup?	Isolate serogrouping data are important for disease surveillance.	Required	
How was the case identified?	Field that describes how patient presented, and characterizes the clinical and laboratory picture.	Enter if known.	
	Field to capture results from <i>N. meningitidis</i> DNA using a validated polymerase chain reaction (PCR),obtained from a normally sterile site (e.g., blood or CSF) or evidence of <i>N. meningitidis</i> antigen by immunohistochemistry (IHC) on formalin-fixed tissue or latex agglutination of CSF	Required. Useful in classifying a case as probable.	
Is this a secondary case?	Defined as an individual who is infected through contact with a primary case of the disease	Required.	
If N. meningitides was isolated from blood or CSF, was it resistant to: Sulfa? Rifampin?	Antibiotic susceptibility results to sulfa and rifampin.	Not required. The Department of Health does not perform this testing.	
Is patient currently attending college (15-24 years)?	Past studies show that there is an higher rate of disease in college freshman in dormitories.	Required.	
	Vaccine Inform	ation	
Has patient received POLYSACCHARIDE meningococcal vaccine?		Enter if known.	
Has patient received CONJUGATE meningococcal vaccine?		Enter if known	
	Vaccination Record		
Vaccination Record information		Not Required	
	Epidemiolog	gic	



Brief Description or Field Name	Description	RI Rules for Data Entry
If < 6 years of age is the patient in daycare?	(Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week)	Enter if known.
Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive culture?	Field triggers investigator to determine if patient resides in a home, close contacts should be referred for chemoprophylaxis.	Enter if known.
Is this part of an outbreak?		Required
Where was the disease acquired?		Enter if known.
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Enter if known.
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required for Notification
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Required.
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	•
	Administrat	
General Comments	Field which contains general comments for the investigation.	Enter if needed.



Brief Description or Field Name	Description	RI Rules for Data Entry
	Condition Specific Cu	istom fields
Number of contacts of this patient that were recommended to receive antibiotic prophylaxis.		Required.

Notes: